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MN020301. DiRosa To Be Navy Medicine Force Master Chief
WASHINGTON, DC - CMDCM (SW/AW) Jacqueline L. K. DiRosa, USS BLUE RIDGE's (LCC 1), has been selected as Navy Medicine's Force Master Chief and Director, Medical Department Enlisted Personnel.

She will relieve FORCM (SW) Mark Weldon, who retires in April 2002.

DeRosa, a Hospital Corpsman, has served at Naval Medical Center San Diego; Support Force Antarctica; Naval Hospital Bremerton; Naval School of Health Sciences Oakland; USS ACADIA (AD 42); USS KITTY HAWK (CV 63); Naval Education and Training Center Newport; and USS SUPPLY (AOE-6).

DiRosa entered the Navy in 1981 and was advanced to HMC in 1990. She was advanced to HMCM in 1997 and selection for assignment as a Command Master Chief in May 1999. Her first Command Master Chief tour was aboard USS SUPPLY with a follow on tour as Command Master Chief aboard USS BLUE RIDGE.

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MN020302. Healthwatch: Crashes Are Killing More Than Combat

Editor's Note: You may have read the following message from the Naval Safety Center, but VADM Michael L. Cowan, MC, Surgeon General of the Navy, asks that you take heed of it again. The statistics are alarming.

Following the tragic events of 11 September President Bush cautioned Americans retribution would not be without risk. Families listened, knowing their sons and daughters, husbands and wives in the military would be in harm's way. Little did they know that the cities and towns where they live would prove to be far more dangerous to their loved ones than some mountainous country far away.

Since 11 September, 23 Sailors and 13 Marines have died in private motor vehicle (PMV) crashes. That's way more than a lot, and nothing short of too many. And as bad as it sounds, the rate has been accelerating. Since 21 December, the beginning of the Christmas holidays, through 7 January, a period of just two and half weeks, 10 Sailors and 3 Marines died in PMV crashes.

Something is wrong, terribly wrong. Leisure time crashes are killing far more of our highly trained and disciplined military than actual combat. It is not enemy forces that threaten us but our own failure to practice

effective risk management. The unnecessary deaths of healthy Sailors and Marines is the result.

Details are still sketchy, but what we know is not surprising: The majority of the crashes occurred late at night, with fatigue the likely common thread, while alcohol use is suspected in some. Traffic victims are young. Eleven of the thirteen holiday fatalities were between 19 and 23 years of age. Speed was reported in at least two of the crashes with both drivers dying while drag racing. Two more drivers were ejected from their vehicles. While not yet investigated, it is likely seat belts were not used. A pedestrian died when he decided to cross the street in the middle of the block rather than a crosswalk.

These statistics and stories are troubling. The Navy and Marine Corps have taken great strides to make risk management a way of life, on and off-duty. It is evident the work is far from complete. Motor vehicle crashes remain the single largest killer of Navy and Marine Corps personnel. Many of the mishaps cited read the same: Exceeding the speed limit, loss of control, not buckling up, and drinking and driving. The failure to manage risk is the forgotten element.

Effective risk management starts at the top and must permeate the chain of command. Commanders and leaders at every level must intervene and set the tone for safety. Skippers - you and your senior leadership all have an important role to play. Set uncompromising standards. Be a mentor. Make a difference. Be a leader. Lead. Everyone likes to have fun and party. Make a plan that will keep you alive for the next one. We must all always observe rules and regulations including traffic laws. Slow down, buckle up, don't drink and drive, survive. Lean forward, be safe, have fun.

- RADM Stephen A. Turcotte, Commander, Naval Safety Center

MN020303. Quadruplets Born at Naval Medical Center San Diego
By JO2(SW) Terrina Weatherspoon, Naval Medical Center San Diego

SAN DIEGO - Baby brothers Wyatt, Cooper, Morgan, and Kirby began arriving at 3:59 p.m. on Dec. 27, and by 4:01 p.m., EMC (SW) Todd Hale and his wife Donna were a family of six.

The couple was unsure if they would ever hold a child of their own in their arms. After struggling to start a family, they turned to in vitro fertilization, where egg and sperm are joined outside the mother's body before being implanted.

To up the odds of a successful pregnancy, three eggs were implanted - and as luck would have it, all took hold.

"After finding out I was pregnant, we went to have an ultra sound," said Donna. "The doctor told us that we were having three babies. We were ecstatic."

Not long after they found out they were pregnant, Todd Hale got underway aboard his ship, USS STENNIS (CVN 74). The following week Donna went back to the center for a pregnancy check up and got more stunning news - one of the eggs had split. She was pregnant with quadruplets.

"I e-mailed the news to my husband," she said. "I was told later that the news nearly knocked him out of his chair."

During the first couple months, the Hales decided to be low key about their multiple birth pregnancy.

"We didn't tell too many people," said Donna. "We were afraid something may happen, so we didn't say too much."

Donna's babies remained healthy, but unfortunately Donna was diagnosed with gestational diabetes. She checked into the hospital two and a half months early and, with the support of center's staff, she was able to stay healthy, gaining only 49 pounds with all four babies.

"The staff was great. They took me swimming every day," said Donna.

"It was my one chance to be completely weightless."

That's not all the staff at the medical center did to make Donna feel at home.

"They decorated my room for the holidays, allowed me access to the internet so I could keep my family updated, gave me special furniture to make me more comfortable," she said. "They even decorated my stomach like a big pumpkin on Halloween."

The babies arrived a month early on Dec. 27 via caesarian section.

Donna, who'd worked full time before getting pregnant, is now taking on a different full time job - at home mother.

The Hales have been receiving a lot of help from support groups and from the crew of USS STENNIS.

"My command has been very supportive," said Todd. "We were not supposed to get underway until January, and we ended up getting underway early. They allowed me to stay behind and be with my wife."

"I am overwhelmed," said Donna. "It is a miracle that we were even able to get pregnant, and now we have four baby boys."

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MN020304. Gitmo Trains Firefighters To Be Emergency Medical Responders
By LT Kenneth Pace, U.S. Naval Hospital Guantanamo Bay, Cuba

GUANTAMO BAY, Cuba - The U.S. Naval Hospital U.S. Naval Base at Guantanamo Bay, Cuba collaborated recently to solve the problem of ensuring emergency medical services were available to even the most isolated in the community.

Last February, when the base's population began decreasing, so did the hospital staff. This "right sizing" posed a challenge to both the Naval Hospital and Naval Base, which knew this may effect the emergency medical services on the leeward side of the base. About 50 people reside there, along with Marine observation posts that are accessible only by air or boat. The base's airfield is located on that side of the base.

The solution was to train leeward-side firefighters as Emergency Medical Technicians (EMT) to provide emergency support. Forty-one firefighters attended the hospital's EMT program at the leeward fire station. All the firefighters completed the program and graduated, but because there as so few EMS calls and clinical experiences, additional training would be needed. To supplement their training, the hospital is providing a nationally-registered emergency medical technician to act as the medical scene supervisor and to continue to train, instruct and mentor the firefighters. The EMT is berthed at the fire station and provides training twice a day on equipment and EMS scenarios.

This innovative concept has been so successful that the EMT training was expanded to include the remaining 62 firefighters stationed on the Windward Side of the base. They now respond to all 911 medical emergencies and act as first responders, administering CPR and basic first aid to patients at the scene.

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MN020305. Naval Reserve Medical Plans Operation Lone Star 2002

WESLACO, Texas - Naval Reserve medical planners, Texas state health officials, Marine Corps Reserve met last week to plan for Operation Lone Star 2002, which will provide free medical and dental care to in-need border residents. It is the fifth year in a row Naval Reserve medical professionals will participate. This year, it will take place from July 27 to Aug. 10.

One of the most frequently provided services Operation Lone Star provides is vaccinations for school-aged children. Common ailments include

high blood pressure, skin conditions, digestive problems, respiratory problems, and diabetes, which is a prevalent problem in the Rio Grande Valley.

According to the Texas state health department, 32 percent of children and 40 percent of adults along the border lack medical coverage. Texas officials say many patients don't know about state-sponsored health programs for the uninsured. Others are undocumented immigrants who are afraid the clinic will alert immigration officials. Almost all are unable to afford a doctor's visit.

Last summer's Operation Lone Star 2001 attracted more than 6,000 people over its two weeks. Some patients lined up outside elementary schools used for the clinics at 5 a.m., hours before they opened.

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MN020306. Civilian Research Fellows Invited to Navy Overseas Labs

By Doris Ryan, Bureau of Medicine and Surgery

A new collaborative program, spearheaded Navy Medicine, will encourage civilian medical professionals to become research fellows at Navy and Army overseas facilities.

The fellows will work in basic molecular-level infectious disease research, supporting host laboratory. Basic biomedical research is key to understanding the causes, and improving detection, diagnosis and treatment of infectious diseases.

The Ellison Medical Foundation will sponsor the fellowships. This year, they will fund three 3-year fellowships, with hopes of adding more in following years.

CAPT R.B. Oberst, MC, Naval Medical Research Center Silver Spring, MD, commanding officer said the civilian researcher's work will complement ongoing Navy and Army research programs and also offer laboratory time with field experience.

"They will have a unique opportunity to work in excellent research facilities in countries where certain infectious diseases are common," said Oberst.

The National Research Council will help recruit the fellows through a competitive process. NRC will also help management and perform oversight of research performance. The fellowships will build a strong relationship between U.S. academic institutions, the health care systems in developing countries and the military medical research facilities.

Navy Medicine has positions available in the laboratories in Cairo, Egypt; Jakarta, Indonesia; and Lima, Peru.

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MN020307. Population Health Improvement Guide Released

WASHINGTON, DC - DoD's first Population Health Improvement (PHI) Plan and Guide, prepared by experts from the three services, TRICARE Management Activity and other Department of Defense offices, is now available at: www.tricare.osd.mil/mshophsc/www.tricare.osd.mil/mshophsc/DoD_PHI_Plan_Guide.pdf.

The 92-page guide will be a useful reference for planning and improving DOD healthcare delivery programs. It is also designed to provide a strategic overview for those in leadership positions as well as those with "hands on" responsibilities.

The guide will accelerate planning and implementation strategies to improve population health programs in a more concerted and coordinated manner across the Military Health System.

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MN020308. Portsmouth Dedicates Conaway Cemetery

PORTSMOUTH, Va. - Naval Medical Center Portsmouth Va., long the landlord of a cemetery with graves dating back to the early 1800s, will dedicate the burial site to honor CAPT Theodore H. Conaway. For more than 25 years, Conaway worked as a volunteer historian for Naval Medical Center Portsmouth and arguably knew more about the historic cemetery than anyone.

Center Commander RADM C. E. Adams will host that dedication ceremony that will officially name the cemetery the Captain Conaway Memorial Cemetery. Conaway's children, members of the local branch of the Fleet Reserve Association, Reserve Officer's association, NMC Portsmouth staff, and friends of Conaway's family will attend.

Conaway served 40 years in the Navy, holding every rate and rank from seaman to captain, including warrant and chief warrant officer. Upon retirement in 1975, he volunteered to serve as command historian and held that post until December 2001.

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MN020309. TRICARE Dental Plan Premium Rate Change

TRICARE Dental Program (TDP) members will notice a slight increase in their monthly premiums beginning this month.

The new rates are effective on Feb. 1, 2002; however, since premiums are collected one month in advance, TDP members will notice the change with their January 2002 billing statement, payroll allotment or deduction.

ETDP premiums will increase by about 3.5 percent or a little less than the annual increase in the dental services component of the Consumer Price Index.

The new monthly premium rate for active duty family members and members of the Selected Reserve, Individual Ready Reserve (Special Mobilization Category) and family members of Reservists who are on active duty for more than 30 consecutive days is \$7.90 for a single enrollment and \$19.74 for a family enrollment. Members of the Individual Ready Reserve (Other than Special Mobilization Category) and their family members and the family members of the Selected Reserve will pay a new monthly rate of \$19.75 for a single enrollment and \$49.36 for a family enrollment.

Since the government pays 60 percent of the total monthly premium for most categories of TDP enrollees, the actual increase for the majority of TDP members will be small - 27 cents a month for a single enrollment and 66 cents a month for a family enrollment.

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